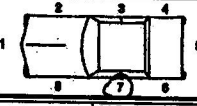
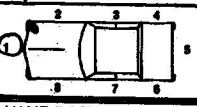


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-10868		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN CITY LEBANON		DATE OF CRASH 06 12 14 Thursday		TIME: MILITARY 1758	
CRASH OCCURRED ON 596 Columbus Ave						WITHIN THE INTERSECTION OF Parking lot			
IF NOT IN INTERSECTION MILES FEET W N E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321			
LOG-1		LOG-2		LOC JUR FH9 FILT					
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Barnes, Donna				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 433 Southeast St, Lebanon, Oh 45036					
PHONE NO. 513-932-6675		BIRTH DATE m y		AGE SEX		SOCIAL SECURITY NO.		STATE Oh	
OWNER (IF SAME AS DRIVER, WRITE SAME) same				ADDRESS same				PHONE	
VEH YR 94		MAKE Toyota		MODEL Camry		COLOR White		STYLE 4	
STATE OH		LICENSE PLATE NO. DH54CW		TOWING SERVICE None		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Westfield Ins	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Hamilton, Joy				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 219 Northeast St, Lebanon, Oh 45036					
PHONE NO. 513-282-9511		BIRTHDATE m D y		AGE SEX		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS same				PHONE	
VEH YR 12		MAKE VW		MODEL Passat		COLOR Blk		STYLE 2dr	
STATE OH		LICENSE PLATE NO. GCZ5239		TOWING SERVICE		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		POSITION A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		INJURIES A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		RESTRAINTS A B C D E F	
A B C		INJURED TAKEN TO		By		1		ALCOHOL A B C D E F	
D E F		INJURED TAKEN TO		By		1		TESTED A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		1		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D E F		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		1		TESTED A B C D E F	
A B C		RECEIVED CALL 1808		DISPATCHED 1816		CLEARED 1845		OTHER TIME 30	
D E F		TOTAL MINUTES 00off		DATE REPORT FILED m D y		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl. R. White	
A B C		BADGE NO. 110		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	

LOCAL FILE NO
10868

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

[illegible]